



**Bureau of Water Protection and Land Reuse
Remediation Division**

Date Stamp
(DEP Use Only)

Remedial Action Plan Transmittal Form

Pursuant to CGS Section 22a-134a(g)(1)

Part I of this form must be completed and signed by the Certifying Party of the Form III filed with the Connecticut Department of Environmental Protection (Department) pursuant to CGS Section 22a-134a(c). Part II of this form must be completed and signed and sealed by the LEP on record. This transmittal form and the remedial action plan must be submitted to the Department to document that remediation of the establishment has been initiated not later than three (3) years after receiving notice that the Form III filing was complete.

The remedial action plan, approved in writing by the LEP, copy of public notification of remediation, as well as all other documentation which demonstrates all applicable laws and regulations have been complied with, must be attached to this transmittal form.

All sections of this form must be filled out, as applicable

PART I: GENERAL INFORMATION

Remediation ID No. (Rem#):

Site Identification

Establishment Name (as on Form III):

Establishment Address:

City/Town:

State:

Zip Code:

Description in Property Deed:

Recorded on page

of volume

of the Town of

land records, as lot

block

on map

in the Tax Assessor's Office.

Property Transfer Information

DEP USE ONLY

Type of transfer (check one):

☐ Business only

☐ Real Estate

Date of Transfer:

Date of Receipt of Notice that
Form III was complete:

Name of DEP Case Manager:

Date of
Acknowledgement:

Receipt of
Schedule:

Completion of
Investigation Form
transmitted on:

Submit this completed form to:

REMEDIATION DIVISION, 2ND FLOOR,
BUREAU OF WATER PROTECTION AND LAND REUSE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET, HARTFORD, CT 06106 - 5127

Remedial Action Plan Transmittal Form (continued)

Rem#:

PART I: GENERAL INFORMATION (continued)

The following documentation must be attached to this form. Check boxes as applicable to verify that the documentation has been submitted with this form.

☐ **REMEDIAL ACTION PLAN** - in accordance with CGS Section 22a-134a(g)(1)

Dated:

Prepared by:

☐ **PUBLIC NOTICE OF REMEDIATION** - in accordance with CGS Section 22a-134a(i)

☐ copy of published notice in newspaper

☐ copy of notice to local Director of Health

Check the applicable box if additional public notice requirements were implemented and provide documentation.

☐ sign erected on establishment

☐ copies of the notice of remediation mailed to abutting property owners

Note: Certifying Party must provide copies of any written public comments and responses.

List Additional Documentation (as applicable) and attach to this form.

DOCUMENT	DATED	PREPARED BY

Certifying Party Certification

"In accordance with Section 22a-134a(g)(1) of the CGS, as amended by Public Act 07-233, I submit this form and attached remedial action plan approved by a licensed environmental professional. I shall apply for all permits and approvals that are necessary to carry out the remedial actions, and I shall ensure that any necessary permit applications are complete and that the issuance of any such permit and/or approval will be diligently pursued."

Printed Name of Signatory for Certifying Party

Title

Authorized Signature for Certifying Party

Date

Company:

Address:

City/Town:

State:

Zip Code:

Phone:

Remedial Action Plan Transmittal Form (continued)

Rem#:

PART II: REMEDIAL ACTION PLAN SUMMARY

To be completed by the LEP

Groundwater Class:

Soil: Concentrations of Pollutants in Excess of RSR Criteria:

Criterion Exceeded	Remedial Measure	COC
<input type="checkbox"/> PMC	<input type="checkbox"/> in-situ	<input type="checkbox"/> non-chlorinated VOCs
<input type="checkbox"/> GA	<input type="checkbox"/> excavation / on-site re-use	<input type="checkbox"/> Chlorinated VOCs
<input type="checkbox"/> GB	<input type="checkbox"/> excavation & removal	<input type="checkbox"/> Metals
	<input type="checkbox"/> Engineered control	<input type="checkbox"/> PAHs
<input type="checkbox"/> DEC	Date of Commissioner Approval:	<input type="checkbox"/> SVOCs
<input type="checkbox"/> Res	<input type="checkbox"/> ELUR	<input type="checkbox"/> PCBs
<input type="checkbox"/> I / C	<input type="checkbox"/> RSR exemption	<input type="checkbox"/> ETPH
	<input type="checkbox"/> RSR Alternative Criteria	<input type="checkbox"/> Pesticides
	Date of Commissioner Approval:	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Other (specify):	

Groundwater: Concentrations of Pollutants in Excess of RSR Criteria:

Criterion Exceeded	Remedial Measure	COC
	<input type="checkbox"/> Pump & Treat	<input type="checkbox"/> non-chlorinated VOCs
<input type="checkbox"/> GWPC	<input type="checkbox"/> Air Sparging / Vapor extraction	<input type="checkbox"/> Chlorinated VOCs
<input type="checkbox"/> Volatilization	<input type="checkbox"/> Dual-Phase	<input type="checkbox"/> Metals
<input type="checkbox"/> SWPC	<input type="checkbox"/> Monitored natural attenuation	<input type="checkbox"/> PAHs
	<input type="checkbox"/> ELUR	<input type="checkbox"/> SVOCs
	<input type="checkbox"/> RSR exemption	<input type="checkbox"/> PCBs
	<input type="checkbox"/> RSR Alternative Criteria	<input type="checkbox"/> ETPH
	Date of Commissioner Approval:	<input type="checkbox"/> Pesticides
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):

Remedial Action Plan Transmittal Form (continued)Rem#: **PART II: REMEDIAL ACTION PLAN SUMMARY (continued)**

Vapor Intrusion:	Remedial Measure
	<input type="checkbox"/> sub-slab depressurization
	<input type="checkbox"/> vapor barrier
	<input type="checkbox"/> indoor-air monitoring
	Date of DPH Commissioner Approval of such plan:
NAPL present:	<input type="checkbox"/> Overburden <input type="checkbox"/> Bedrock <input type="checkbox"/> None
Other (specify):	

LEP Approval

"In accordance with Section 22a-134a(g)(1) of the CGS, as amended by Public Act 07-233, I approve the information in the remedial action plan summary of this transmittal form and the attached remedial action plan. My professional services have been rendered in accordance with the 'Rules of Professional Conduct' (Section 22a-133v-6 of the Regulations of Connecticut State Agencies)."

Printed Name of LEP

License Number

Signature of LEP

Date

Company:

Address:

City/Town:

State:

Zip Code:

Phone:

Affix Seal Here

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